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Fax

To: Examiner: Lesperance	From: John S. Sensny, Esq.
Fax: 703-872-9315	Pages: 18 including fax cover sheet
Phone:	Date: 5/14/2003
Re: Dimitri Kanevsky, et al. Serial No.: 09/603,90 Art Unit: 2674 Our Docket: YOR920000019US1 (13317)	CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

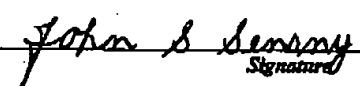
• **Comments:**

Attached please find the following:

1. Certificate of facsimile (in duplicate)
2. Request For Continued Examination (RCE) Transmittal (in duplicate)
3. Certificate of facsimile (in duplicate)
4. Amendment Transmittal Letter (in duplicate)
5. Preliminary Amendment
6. Authorization to charge deposit account

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Dimitri Kanevsky, et al				YOR920000019US1 (13317)	
Serial No. 09/603,980	Filing Date June 27, 2000	Examiner June 27, 2000	Group Art Unit 2674		
Invention: A VIRTUAL INVISIBLE KEYBOARD					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	20 =	2 x	\$18.00	\$36.00
INDEP. CLAIMS	8 -	3 =	5 x	\$84.00	\$420.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$456.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 50-0510/IBM in the amount of \$456.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 John S. Sensny Registration No. 28,757			Dated: May 14, 2003		
SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					